

MOVE IN CHECKLIST

Travelers Name: _____

Cell Phone: _____

Address: _____

This form protects you. This will be used to determine what should and should not be considered your responsibility upon move-out. Please print this form and note all defects and/or damages. THIS FORM MUST BE FAXED TO 704-285-7486 or emailed to icameron@Cirrusmedicalstaffing.com within 48 hours after move in. Otherwise, everything will be considered to be clean, safe and in good working condition. Please mark through items listed below if they do not exist. PLEASE MAKE SURE TO VERIFY ALL UTILITIES AND APPLIANCES ARE CONNECTED AND WORKING PROPERLY.

LIVING ROOM

Walls/Wallpaper _____
 Plugs, Switches, AC Vents _____
 Woodwork/Baseboards _____
 Ceilings _____
 Light Fixtures, Bulbs _____
 Floor/Carpet _____
 Doors, Stops, Locks _____
 Windows, Latches, Screens _____
 Window Coverings _____
 Closets, Rods, Shelves _____
 Lamps, Bulbs _____
 Other _____

KITCHEN

Walls/Wallpaper _____
 Plugs, Switches, AC Vents _____
 Woodwork/Baseboards _____
 Ceilings _____
 Light Fixtures, Bulbs _____
 Floor/Carpet _____
 Doors, Stops, Locks _____
 Windows, Latches, Screens _____
 Window Coverings _____
 Closets, Rods, Shelves _____
 Lamps, Bulbs _____
 Other _____

BEDROOM (Master)

Walls/Wallpaper _____
 Plugs, Switches, AC Vents _____
 Woodwork/Baseboards _____
 Ceilings _____
 Light Fixtures, Bulbs _____
 Floor/Carpet _____
 Doors, Stops, Locks _____
 Windows, Latches, Screens _____
 Window Coverings _____
 Closets, Rods, Shelves _____
 Lamps, Bulbs _____
 Other _____

BEDROOM (Other)

Walls/Wallpaper _____
 Plugs, Switches, AC Vents _____
 Woodwork/Baseboards _____
 Ceilings _____
 Light Fixtures, Bulbs _____
 Floor/Carpet _____
 Doors, Stops, Locks _____
 Windows, Latches, Screens _____
 Window Coverings _____
 Closets, Rods, Shelves _____
 Lamps, Bulbs _____
 Other _____

BEDROOM (Other)

Walls/Wallpaper _____
 Plugs, Switches, AC Vents _____
 Woodwork/Baseboards _____
 Ceilings _____
 Light Fixtures, Bulbs _____
 Floor/Carpet _____
 Doors, Stops, Locks _____
 Windows, Latches, Screens _____
 Window Coverings _____
 Closets, Rods, Shelves _____
 Lamps, Bulbs _____
 Other _____

BEDROOM (Other)

Walls/Wallpaper _____
 Plugs, Switches, AC Vents _____
 Woodwork/Baseboards _____
 Ceilings _____
 Light Fixtures, Bulbs _____
 Floor/Carpet _____
 Doors, Stops, Locks _____
 Windows, Latches, Screens _____
 Window Coverings _____
 Closets, Rods, Shelves _____
 Lamps, Bulbs _____
 Other _____

Bath (Master)

Walls/Wallpaper _____
 Plugs, Switches, AC Vents _____
 Floor/Carpet _____
 Doors, Stops, Locks _____
 Other _____

Bath (Other)

Walls/Wallpaper _____
 Plugs, Switches, AC Vents _____
 Floor/Carpet _____
 Doors, Stops, Locks _____
 Other _____

Move-In Date: _____

Move-Out Date: _____

Signature of Traveler: _____

Date: _____

Signature of Property Rep(s): _____

Date: _____